
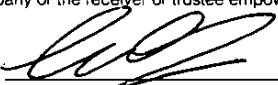


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90038 031 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L99000008205</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>CTG, L.C.  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>20750 W. DIXIE HIGHWAY<br>NO. MIAMI BEACH, FL 33180   |  |   | <b>Mailing Address</b><br>20750 W. DIXIE HIGHWAY<br>NO. MIAMI BEACH, FL 33180  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | <b>4. FEI Number</b><br>65-0964647  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEOPOLD, KAREN S ESQ.<br>LEOPOLD & LEOPOLD, P.A.<br>20801 BISCAYNE BLVD., #501<br>AVENTURA, FL 33180  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when remitting)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GOLDRING, CLARA DIANA<br>20750 W. DIXIE HWY<br>NORTH MIAMI BEACH, FL 33180 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>CLARA DIANA GOLDRING</b> 4/17/07 305 938 334   |  |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |  |   |  |